MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10 584 949	7-Q5-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1		1				52						
3		1		1				53						
4	1		1					54						
5		1		1				55						
6		1		1				56						
7		1		1				57						
8		1		1				58						
9		1		1				59						
10		1		1				60						
11		1						61						
12								62						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			2					TOTAL IND.						
TOTAL DEP.			8					TOTAL DEP.						
TOTAL CLAIMS			10					TOTAL CLAIMS						